

attach patient label here



Physician Orders ADULT Order Set: Radical Prostatectomy/Nephrectomy Preop Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	T;N
<input type="checkbox"/>	Preadmission Work-up Reason (Pre Op Diagnosis/Reason)	
<input type="checkbox"/>	Notify Physician-Once	T;N, room number upon arrival to unit
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q-shift
Activity		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N
Food/Nutrition		
<input type="checkbox"/>	NPO	
Patient Care		
<input type="checkbox"/>	Consent Signed For (Op Permit)	T;N, Procedure: make incision and remove prostate and lymph nodes (Radical Prostatectomy)
<input type="checkbox"/>	Consent Signed For (Op Permit)	T;N, Procedure: Make incision to remove _____ kidney (Radical Nephrectomy)
Respiratory Care		
Continuous Infusions		
Medications		
<input type="checkbox"/>	VTE Other SURGICAL Prophylaxis Orders	
<input type="checkbox"/>	Preop Meds Per Anesthesia	T;N
<input type="checkbox"/>	ceFAZolin	1 g, IV Piggyback, IV Piggyback, N/A, Give 1 hour prior to OR incision.
<input type="checkbox"/>	ceftriaxone	1 g, IV Piggyback, IV Piggyback, N/A, Give 1 hour prior to OR incision.
<input type="checkbox"/>	gentamicin	80 mg, IV Piggyback, IV Piggyback, N/A, Give 1 hour prior to OR incision.
Laboratory		
NOTE: Order lab procedures, if not ordered in PAW:		
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	T;N, Routine, once, Type: Urine, Nurse Collect
<input type="checkbox"/>	Urine Culture	T;N, Routine, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Type and Crossmatch PRBC (Crossmatch PRBC)	T;N, Routine, Reason: transfuse, 2 units, Type: Blood
Diagnostic Tests		
NOTE: If not done previously, complete order below:		
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine
Consults/Notifications		
<input type="checkbox"/>	Physician Group Consult	Group: Medical Anesthesia Group, Reason for Consult: Regional Block

Date	Time	Physician's Signature	MD Number
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